

**COMMUNITY ACCEPTANCE
of
GROUP HOMES
in
OHIO**

The Association for the Developmentally Disabled

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Avenue Columbus,
Ohio 43212

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INTRODUCTION

The Association for the Developmentally Disabled (ADD) has been operating community living facilities since 1972 and is one of the largest non-profit residential providers in Ohio. ADD currently operates sixteen facilities located in Franklin, Union, and Delaware Counties.

Throughout its eight year history of expansion, ADD has experienced "close encounters" of all kinds...with neighbors, neighborhood organizations, city councils and commissions, zoning authorities, and the court system.

ADD has developed and participated in Residential Development Committees, Neighborhood Advisory Boards, a Group Home Task Force, etc. in an attempt to develop homes for persons with developmental disabilities.

ADD has taken a variety of approaches when entering a neighborhood, ranging from large group meetings to door-to-door campaigns. It was often felt that regardless of the approach, the outcome was the same...ADD's entrance into a neighborhood mobilized the opposition.

Perhaps there is some validity to the adage "practice makes perfect." ADD has experienced more success than failure in attempts to develop group homes in new neighborhoods. From these experiences, both good and bad, ADD has developed a model for community education which served as a reference guide for approaching different audiences.

The purpose of this project was to test the effectiveness of ADD's Community Education Model. There were also many unanswered questions about neighborhoods, attitudes, and approaches which ADD hoped to answer in the study.

Four of the basic research questions were:

1. What does the community know about group homes and persons with developmental disabilities?
2. What does the community believe about group homes and persons with developmental disabilities?
3. What can be done to promote community acceptance of group homes and persons with developmental disabilities?
4. How do neighborhood and/or individual characteristics affect community acceptance of group homes and persons with developmental disabilities?

Nine months, four thousand miles, and twenty-four site visits later, the results are in and tabulated. It is our sincere hope that the information presented in the study will help those who are dedicated to deinstitutionalization, the principle of normalization, and the provision of community-based residential living services for persons with developmental disabilities.

DEINSTITUTIONALIZATION: A Historical Perspective

Every society must define its own notions of what is valuable. These notions are formed by ideologies made up of a shared system of beliefs, attitudes, and ideas which a society relies upon to define itself. It is in this way that a culture states who it is and what it hopes to become.

One of these values is the concept of personal liberty. As members of society, we all expect some fundamental rights. Some of these rights include the right of access to community resources, the right to participate within our community, and the right to exercise individual choices. Historically however, many of these basic rights have been restricted for people who have been insulated from the mainstream of society. Often this has been the case for people who have been institutionalized.

The institutional setting, more often than not, restricts people from sharing in community life. Frequently, it limits the availability for interactions with non-disabled peers and any opportunities for risk-taking, growth, or the expression of individuality. Instead, institutions often promote the segregation and congregation of a group of people in an isolated environment.

The origins of institutions can be dated back to the seventeenth century.¹ At this time, the notion of confinement was introduced as primarily an economic response to the perceived idleness of the poor, the invalid, and the unemployed. In this era, poverty was considered to be the result of relaxed morals and the lack of self discipline. Places of confinement were proposed as a means by which to make these people less burdensome to society by congregating them in one place and providing them with work.

In the late eighteenth century, the provision of specialized services was deemed necessary for those people considered to be insane.² Initially, they too were condemned for their idleness and were often confined with others labeled as burdens to society. Later, places of confinement were reserved solely for the care and supervision of the insane.

During the nineteenth century the concept of congregating people with specialized needs took hold as a service model.³ It was at this time that the first institutions for the developmentally disabled were built in North America.⁴ Institutions have persisted as a primary service model for the developmentally disabled until the twentieth century when the concept of deinstitutionalization was introduced.

The deinstitutionalization movement gathered momentum in the United States during the 1960's and early 1970's. At the time, much information was collected within institutions revealing gross examples of abuse and neglect. Litigation erupted at a number of institutions which resulted in court decisions mandating deinstitutionalization and community living for persons with developmental disabilities.⁵

During the same period, the principle of normalization was introduced to human services in North America (1969). This principle, as defined by Dr. Wolf Wolfensberger, calls for the "...utilization of means which are as culturally normative as possible, in order to establish and / or maintain personal behaviors and characteristics which are as culturally normative as possible."⁶ For human services this principle had a number of implications. One of the implications recognized was the provision of services within the typical community environment.

As the concept of deinstitutionalization took hold in the United States, pieces of state and federal legislation were passed to ensure the rights of the developmentally disabled.

* The Rehabilitation Act of 1973

Prohibiting discrimination against any otherwise qualified handicapped individual in any program or activity receiving federal financial assistance.

* Architectural Barriers Act of 1968

Any structure built with the assistance of federal dollars must be accessible to persons who are physically handicapped.

*The Developmentally Disabled Assistance and Bill of Rights Act

States that "...the treatment services and habilitation for a person with developmental disabilities be provided in the setting that is least restrictive of the person's personal liberty." This act also stated that persons with developmental disabilities have a right to appropriate treatment, services, and habilitation. It increased the move toward deinstitutionalization by mandating that states utilize at least 30% of their federal formula grants to develop and implement plans designed to eliminate inappropriate institutional placements.⁷

In Ohio, a most important piece of legislation, Senate Bill 336, was passed in 1974. This bill not only addressed the rights of residents within institutions, but also aided the implementation of deinstitutionalization. It states that only those individuals who are at a substantial risk of injury due to retardation and who cannot be served within the community should be institutionalized.

As a result of the deinstitutionalization movement and the accompanying legislation, community living with appropriate social supports has been recognized as a goal for many people with developmental disabilities. Consequently, a variety of residential alternatives have been created within the community. Some examples are family care, foster homes, group homes, and apartment residences.

Despite the considerable history and widespread impact of deinstitutionalization, much resistance remains to community living for persons with developmental disabilities. Frequently, this opposition is based on generalized fears and prejudicial attitudes which are held by other community residents.

A most powerful weapon for opposing community living for the developmentally disabled lies in the use of restrictive zoning codes. These codes, which regulate the use of property, can often be used to exclude or prohibit the development of residences for developmentally disabled persons in residential areas.

Basically, there are two types of zoning approaches which are often used to exclude group homes from residential areas.⁸ One involves ordinances which expressly exclude group homes from all areas zoned for residential use. A second type involves the denial or granting of zoning variances or conditional use permits which may allow deviations from ordinary property usages within a zoned area. In such matters, the granting of the variance or permit is usually within the responsibilities of the local elected city officials or boards of zoning authority who may be influenced by local opinion.

In the state of Ohio, Senate Bill 71 was passed in 1977. This bill provided licensing procedures for all residential facilities for the developmentally disabled. It clearly defined a family home as a residence for not more than eight people and a group home as a residence for not more than sixteen people. Also contained within the bill were provisions for the location of both family and group homes. As stated, family homes were considered permitted uses "...in any multiple-family residential district or zone, except for a political subdivision that has a zoning ordinance establishing planned unit developmental districts." In the case of planned districts, group homes would be considered conditional uses.⁹

The zoning provisions of Senate Bill 71 assisted the movement of a number of developmentally disabled people into the community. However, three years after Senate Bill 71 was made law, it was gutted by a decision of the Ohio Supreme Court. The Court found that the zoning provisions for the location of residential facilities were unconstitutional as a violation of Home Rule. Home Rule is a right granted under the Ohio Constitution for certain municipalities to control what goes on within their boundaries. Furthermore, the Court defined "family" to give local communities the option of excluding¹⁰ family homes from residential districts.

Recently, a number of communities have opted to create their own local procedures governing the location of family and group homes within areas zoned for residential use.

One example of such an ordinance was recently enacted in Columbus, Ohio. A Group Homes Task Force was formed by a variety of human service providers and community residents.

The purpose of this task force was to work with the city officials and the Department of Development in the creation of a zoning ordinance providing for the location and operation of residential care facilities. As a result of this combined effort, an ordinance was created which attempts to define all types of residential facilities. It also incorporates specific criteria for the zoning approval of residential facilities. Another provision of the ordinance gives the appointed Board of Zoning Adjustment the authority to grant special permits if the criteria are met.

Previous to the new ordinance, discretionary zoning variances were granted by city council members. This arrangement often resulted in heated debates. As elected officials, the city council members were often put in the difficult position of having to choose between supporting a variance or succumbing to the desires of opposition voiced within the community. The new arrangement allows for a more rational and objective approach to the granting of zoning permits.

The creation of local zoning ordinances which promote community living for persons with developmental disabilities is a difficult task. There remains an even greater challenge outside the purview of legal mandates: the promotion of positive attitudes towards persons with developmental disabilities. Some ways to address this challenge are discussed in the following pages.

NOTES

1. Foucault, M., *Madness and Civilization*, (Vintage Books, 1973) p. 39.
2. *Ibid.*, p. 58.
3. Wolfensberger, W., *Normalization*, (National Institute of Mental Retardation, 1972) p. 15.
4. *Ibid.*
5. Biklen, D., "The Case for Deinstitutionalization," *Social Policy*, (June, 1979) p. 50.
6. Wolfensberger, *Normalization*, p. 28.
7. Friedman, P.R., *The Rights of Mentally Retarded Persons*, (Avon Books, 1976) pp. 70-129.
8. *Ibid.*, pp. 108-109.
9. Ohio Revised Code S 5123.18 (A)(3)(4), (D), (E).
10. Ohio Revised Code S 5123.18; *Garcia v. Siffrin*, 63 Ohio St. 2d 259 (1980).

STUDY METHODOLOGY AND PRESENTATION OF FINDINGS

The information presented in the first section explains how the Community Acceptance Project was conducted. The second section, entitled "Presentation of Findings" describes the results of the study.

METHODOLOGY

TYPE OF STUDY

The Community Acceptance Project is a cross-sectional, exploratory survey. The objectives of this study are to explain why community residents opposed group homes for people with mental retardation and what tactics are useful to group home operators in reducing that objection. It is cross-sectional because a part, or a "section" of the homes licensed by The Ohio Department of Mental Retardation and Developmental Disabilities, were chosen to represent all such group homes.

PRE-TEST

As the term implies, a pre-test is a less extensive study of the research questions conducted before the actual survey.

All homes, listed in *Facilities Licensed to Care for the Mentally Retarded and Developmentally Disabled*¹ were given consecutive numbers, beginning with 001. One hundred numbers were selected from a table of random numbers.² All duplicates were eliminated giving the pre-test a total of ninety-two group homes. Seven demographic items were then selected that were assumed to distinguish among the facilities. These seven items were considered independent of causal variables. An eighth item, a community acceptance score, was assigned as the dependent or affected variable.

The seven independent variables are: 1.1s

the facility occupied by the owner?

2. Is the group home located in an urban, suburban, or rural part of Ohio?
3. Are the residents of the group home male, female, or both male and female?
4. Are the residents of the group home adults, children, or a combination?
5. When was the home licensed?
6. How many residents live in the group home?
7. In what region of The Department of Mental Retardation and Developmental Disabilities is the group home located?

The dependent variable was obtained from the residential co-ordinators of the Department of Mental Retardation and Developmental Disabilities.

Each residential co-ordinator was sent a letter from the project staff and asked to rank the homes in terms of community acceptance-opposition. The ranking was to range between "1" and "5" with the "1" representing little or no opposition and "5" indicating very large and active opposition. With the exception of two responses, the researchers found the residential co-ordinator's rankings to be very much in agreement with the responses of the group home's representative, during the interview survey phase of the project.

DATA COLLECTION INSTRUMENT

Three questionnaires, and three different survey techniques were used to obtain the data for The Community Acceptance Project. These instruments were designed to obtain information from different audiences involved in community acceptance of group homes for people with developmental disabilities.

Group Home Operator's Questionnaire

This instrument was designed to ascertain information in person from twenty-four group home operators or their representatives. Interview techniques were used to gather information about the home's history of community acceptance.

Neighbor's Questionnaire

This instrument was distributed door-to-door in each neighborhood. The group home's neighbors were asked to answer the questions sometime during the day and the questionnaire was retrieved, at a specific time, the following day. If the respondent was not home, a letter of instruction and a self addressed envelope were left at the main entrance. The response rate was 73%, which must be considered excellent.

TABLE 1
RESPONSE RATE

Questionnaires distributed	162
Questionnaires retrieved	118
Questionnaires received in person	88
Questionnaires received by mail	30

Supporter's Questionnaire

A third questionnaire was distributed by mail to supporters of group homes for people with developmental disabilities. No follow up letter was sent to non-respondents because of budgetary considerations. As a result, only 15% of these data collection instruments were returned.

RESEARCH DESIGN

Two sets of criteria were designed for this study. One was to determine what homes would be invited to participate in the project, and another to determine who would be considered neighbors of the group home.

Criteria for Group Homes

Geographic:

All homes chosen for the Community Acceptance Project were classified as being located in a farming, small city or town, suburb, or an urban center. These categories are defined:

Farming — An unincorporated, sparsely populated agricultural area.

Town or Small City — An incorporated area having a population of less than 50,000 and located more than fifty miles from an urban center.

Suburb — An incorporated area within fifty miles of an urban center.

Urban Center — A metropolitan area having a population of 150,000 or more.

TABLE 2
GEOGRAPHIC LOCATION AND
RESPONSE RATE

Farming	5	21
Town/Small City	6	38
Suburb	7	20
Urban Center	6	39
	N = 24	N = 118

Population

All group homes selected for this study have a population range of between three and sixteen persons with developmental disabilities. The lower limit was established after conversations with knowledgeable persons associated with the issues of community acceptance. These individuals strongly indicated that homes with one or two residents rarely experience community opposition. The upper limit was established because facilities housing more than sixteen people with developmental disabilities are considered specialized care facilities by the Ohio Department of Mental Retardation and Developmental Disabilities.

Licensure date

All group homes selected for this study were licensed by the Ohio Department of Mental Retardation and Developmental Disabilities between June 1, 1976 and February 1, 1980. The earlier date was established to avoid group homes that have been located in a specific community for a long time and are (as a result of their longevity) established as part of the neighborhood. The later date was determined by the *Licensed Facilities to Care for the Mentally Retarded and Developmentally Disabled*. Homes licensed after February 1, 1980 were not listed in that edition of the directory.

Owner Occupied - Non-Owner Occupied

One of the pre-test findings indicates that homes that are owner-occupied experience very little opposition from the community.

TABLE 3
Community Acceptance and
Group Home Occupancy

	Owner Occupied	Non-Owner Occupied
Little or No Resistance	24	35
Moderate or Heavy Resistance	1	28

As a result, homes that are not owner-occupied were given higher priority during the selection process than homes that were owner-occupied.

Consideration of Community Acceptance Score

Homes demonstrating a greater amount of community resistance were given priority over homes that demonstrated a greater amount of community acceptance. The Community Acceptance Score, obtained from the residential co-ordinator, was used as the determinant of this criteria.

Consideration of Regions

If each of the six regions of the Department of Mental Retardation and Developmental Disabilities were evenly represented, four group homes would have been chosen from within their boundaries. However, the regions are not equal — in area, in population, in the number of group homes located within them, or in terms of community acceptance. Because of this, each region was represented, but not equally. Instead, regions with stronger and more numerous occurrences of neighborhood opposition were given priority.

Criteria for Neighborhood Residents

For the purpose of this study, anyone living within one block or its equivalent was considered to be a neighbor of the group home. In instances where there were no people living that close to the facility, a limited number of the nearest neighbors of the group were asked to participate in the study.

This qualification was established as a result of the finding of the Green Bay Plan Commission's study, *Social Impact of Group Homes*.³ That study demonstrated that people living within one block of a group home are more likely to be aware of the facility and also more likely to have a "polarized" opinion, either positive or negative, about the group homes located in their neighborhood.

REVIEW OF LITERATURE

A review of the current literature, including not exclusively, *Project Dawn*: Summit County Association for Retarded Citizens; *Metropolitan Human Services Commission's Property Value Study*; Elenor Gollay's *Coming Back: The Community Experience of Deinstitutionalized Mentally Retarded Persons*; Segelman and Lorenzen, *Reaction to Deinstitutionalization - Crime, Property Value and Other Bug Bears* provided the Community Acceptance Staff with the following issues that affect a neighborhood's reaction to a group home for people with developmental disabilities locating within its boundaries. The conclusion of the above studies that these issues are the ones which determine community acceptance of such group homes was confirmed by professionals employed by The Association for the Developmentally Disabled and Ohio Department of Mental Retardation and Developmental Disabilities, who by virtue of their positions within these organizations are familiar with neighborhood opposition to such facilities.

NOTES

1. Prepared by The Office of Residential Licensure, The Ohio Department of Mental Retardation and Developmental Disabilities, State Office Tower, Columbus, Ohio. Revised January 1, 1980.
2. 1963. Arkin, Herbert and Colton, Raymond R., *Tables for Statisticians*, Second Edition. Barnes & Noble, Inc., New York.
3. 1973. Knowles, Eric S. and Baba, Ronald K., *The Social Impact of Group Homes: a study of small residential service programs in the first residential areas*. Prepared for the Green Bay Planning Commission.

PRESENTATION OF FINDINGS

The review of literature provided eight general issues believed to significantly affect community acceptance of group homes for people with developmental disabilities. Eighteen statements were designed to measure the magnitude of each issue. The respondents to the neighbor questionnaire were asked to indicate if they strongly agree, agree, are undecided, disagree or strongly disagree with each statement. These possible responses were given a numerical rank from "1" (strongly agree) to "5" (strongly disagree). The statements were then individually added and divided by the number of people who expressed an opinion. This procedure provided an arithmetic average (or mean score) for each statement. The rankings of each statement pertaining to an Issue were added together and divided by their number of respondents, giving a score for each issue. A low score is indicative of a larger degree of concern the neighbors of group homes have about the particular issue. A high score indicates a lesser amount of concern. Prioritizing these issues provides a way of determining what issues are of strong concern and what issues are of little concern to neighbors of group homes for people with developmental disabilities in Ohio.

A word of caution is in order at this point. Each neighborhood and each individual living within that neighborhood have characteristics that may cause variation from the general trend. However, these very characteristics also serve as indicators of potential opposition. These characteristics, when used by group home operators and supporters, can provide some indication of potential opposition.

ISSUES BELIEVED TO EFFECT COMMUNITY ACCEPTANCE IN ORDER OF PRIORITY

ISSUE I: PEOPLE WITH MENTAL RETARDATION ARE CHILDLIKE.

Statement and Responses

1. People with mental retardation are childlike in that they will never mature mentally.

AGREE	UNDECIDED	DISAGREE	TOTAL
57	27	32	116

Neighbors of existing group homes have a strong tendency to equate the resident's disability with a lack of mental maturity. What Wolfensberger refers to as the concept of the eternal child.¹

ISSUE II: GROUP HOMES WILL LOWER THE VALUE OF PROPERTY.

Statement and Responses

1. Usually group homes lower property values.

AGREE	UNDECIDED	DISAGREE	TOTAL
39	36	31	116

2. Most people would be reluctant to buy a home on a block where a group home is located.

AGREE	UNDECIDED	DISAGREE	TOTAL
49	27	41	117

3. Renovations made by group homes (e.g., fire escapes and wheel chair ramps) detract from the appearance of the neighborhood.

AGREE	UNDECIDED	DISAGREE	TOTAL
22	14	78	114

The issue of property value has been a subject of debate among individuals involved with developing and operating group homes for people with developmental disabilities. All studies concerning the affect of group homes on property value have shown that these facilities do not adversely affect the worth of real estate.²

Although people are concerned about the issue of property values there is a note of optimism. Neighborhood residents living close to a group home for people with developmental disabilities are not overly concerned that the required renovations of these facilities will adversely affect the appearance of the home.

Any group home operator moving into a neighborhood occupied by home owners must address the issue of property value or invite substantial if not intensive opposition. The issue of property value not only enhances negative feelings about the group home but often increases the possibility of litigation against group home development.

ISSUE III: THE AVERAGE INDIVIDUAL CANNOT AFFORD THE COST, IN TAXES, OF DEINSTITUTIONALIZATION.

Statement and Responses

1. While it may be sad, it is a tough world, and those who cannot make their own way cannot expect the rest of us to carry them through life.

AGREE	UNDECIDED	DISAGREE	TOTAL
14	14	89	117

2. With economic conditions as they are, and taxes as high as they are, the average citizen simply cannot afford to be supportive of group homes.

AGREE	UNDECIDED	DISAGREE	TOTAL
35	30	52	117

3. It is unfair to ask neighborhood residents to support group homes for people who are unable to contribute to society.

AGREE	UNDECIDED	DISAGREE	TOTAL
26	28	62	116

The issue of the public cost, in taxes, of group home development is undecided in the mind of neighbors of group homes. All three statements fall within an uncertain category when responses are averaged. Although this "average" indicates that ambivalence exists within the neighborhood, they do not believe that the cost of deinstitutionalization will be excessive.

ISSUE IV: PEOPLE WITH MENTAL RETARDATION ARE BETTER OFF IN INSTITUTIONS THAN THEY ARE IN THE COMMUNITY.

Statement and Responses

1. People with mental retardation would be a lot better off living with their own kind than they would be living in a neighborhood setting.

AGREE	UNDECIDED	DISAGREE	TOTAL
18	33	65	116

2. People with mental retardation and living in a neighborhood are often lonely, sad and depressed.

AGREE	UNDECIDED	DISAGREE	TOTAL
14	37	65	116

3. People with mental retardation are better off in institutions where they can be properly cared for.

AGREE	UNDECIDED	DISAGREE	TOTAL
12	37	79	118

The majority of respondents to the neighborhood questionnaire indicate that they do not believe that people with mental retardation are happier or receive more appropriate care in institutional facilities. None the less, enough people agree or are undecided about this issue to give it an overall ranking of undecided. Because the majority of people living near a group home do not believe that institutions are the "location of preference" for people with mental retardation, the issue needs to be addressed only if it emerges in specific instances.

ISSUE V: PEOPLE WITH MENTAL RETARDATION PRESENT A THREAT TO THE COMMUNITY.

Statement and Responses

1. If neighborhood merchants allowed residents of group homes to patronize their stores, they would be robbed blind.

AGREE	UNDECIDED	DISAGREE	TOTAL
5	10	102	117

2. My children are quite safe living near a group home.

AGREE	UNDECIDED	DISAGREE	TOTAL
67	33	16	116

3. A person with mental retardation is more likely to commit crimes such as rape and child molestation than a person who is not mentally retarded.

AGREE	UNDECIDED	DISAGREE	TOTAL
11'	23	83	117

Neighbors of group homes for people with developmental disabilities do not perceive the residents as threatening. There is marginal concern about the safety of children, but this concern (judging from the response to statement three) does not appear to incorporate a "fear" of physical harm to children by the group home's residents.

ISSUE VI: MENTAL RETARDATION IS USUALLY A HEREDITARY CONDITION AND IS NOT LIKELY TO OCCUR IN THE TYPICAL FAMILY.

Statement and Responses

1. Families that have one child with mental retardation will probably have other children that will be mentally retarded.

AGREE	UNDECIDED	DISAGREE	TOTAL
4	15	97	116

2. Most of the time, mental retardation is a hereditary disease.

AGREE	UNDECIDED	DISAGREE	TOTAL
14	15	75	114

People living near a group home for developmentally disabled individuals, in general, do not perceive the condition a disease or hereditary.

ISSUE VII: PEOPLE WITH MENTAL RETARDATION ARE NOT CAPABLE OF BECOMING PRODUCTIVE MEMBERS OF SOCIETY.

Statement and Responses

1. You cannot teach people with mental retardation the skills they need to have in order to survive in this world.

AGREE	UNDECIDED	DISAGREE	TOTAL
14	16	86	116

2. Neighborhood residents should encourage people with mental retardation to participate in community events such as church services, picnics and recreational games.

AGREE	UNDECIDED	DISAGREE	TOTAL
86	21	9	116

3. While it may be sad, it is a tough world, and those who cannot make their own way cannot expect the rest of us to carry them throughout life.

AGREE	UNDECIDED	DISAGREE	TOTAL
14	14	89	117

Neighbors of group homes for people with developmental disabilities are not of the opinion that the residents will never be able to care for themselves. This issue is very closely related to the next and last issue addressed by this study. Both are of little concern to neighbors of existing group homes for people with developmental disabilities.

ISSUE VIII: PEOPLE WITH MENTAL RETARDATION ARE NOT CAPABLE OF LEARNING.

Statement and Responses

1. You cannot teach people with mental retardation the skills they need in order to survive in this world.

AGREE	UNDECIDED	DISAGREE	TOTAL
14	16	86	116

2. Special education programs are worth the money if they make people more productive members of society.

AGREE	UNDECIDED	DISAGREE	TOTAL
106	4	6	116

Neighborhood residents living near facilities for people with developmental disabilities, specifically mental retardation, by a large majority, consider people with developmental disabilities educable to the point where they can become fully productive members of society. Neighbors of group homes for persons with developmental disabilities consider the residents childlike (issue 1). The people who live closest to these group homes state overwhelmingly that they are willing to pay the cost for such programs if they produce desired results. That, we think, is an optimistic finding.

The primary concern of neighbors of group homes for people with developmental disabilities is the effect the facility will have upon the real estate value of their property. There is reason to be optimistic about this issue. While neighbors of group homes for the developmentally disabled are concerned about the potential negative effect of these residential facilities upon property value, it is a well documented fact that they do not adversely effect property value. The challenge for those of us involved in gaining community acceptance of group homes, either directly or indirectly, is to make the public aware of that fact.

INDICATORS OF POTENTIAL RESISTANCE TO DEVELOPMENT OF GROUP HOME FACILITIES.

In addition to public education, group home developers can make use of a number of "indicators" of potential opposition. Indicators are of two types, those that pertain to individuals and those that pertain to neighborhoods.

Neighborhood Indicators

- Number of facilities in area
Group homes that are located close to other facilities present an appearance (and in some cases a reality) of "neighborhood saturation".
- How transient is the neighborhood?
Group homes that locate in neighborhoods that are "semi-transient" (3) are less likely to experience opposition than facilities developed in stable neighborhoods.
- Amount of traffic
Homes located on streets, avenues or boulevards that have a moderate amount of traffic have less opposition than homes located on either lightly traveled or heavily traveled streets.
- Previous use of facility
Homes that were previously occupied by a nuclear family are more likely to be associated with opposition than homes previously used in a different manner or group homes built by the operator.

Individual Indicators —

Age

The younger an individual is the more likely he or she will exhibit a more positive attitude towards the facility and the people living in the facility.

- Number contributing to the household income
Households with one economic provider are more likely to perceive the group home negatively than households with more than one economic provider.
- Length of time living in the neighborhood
The longer an individual has resided within the neighborhood, the more likely he or she will perceive the group home negatively.

Characteristics of the Group Home Associated with Opposition.

- Parking lots
Group homes with parking lots located on the facility's property are more likely to ex-

perience opposition than group homes that utilize on-street parking.

- Gender of the residents Group homes that have all male residents are more likely to experience opposition than group homes that have all female residents or both genders as residents.

-Group home staff

There is a moderate correlation between the number of full-time and part-time staff members and community acceptance. The more staff members employed at a group home, the more positively neighborhood residents will feel about the facility.

** Please note**

This booklet is designed for people not familiar with statistics or research procedures. Therefore, no statistical evidence has been presented here. Individuals who wish a more detailed and technical presentation of findings may obtain a copy from:

The Association for the Developmentally Disabled
1395 West Fifth Avenue Columbus, Ohio 43212

A small handling charge may be required.

Footnotes

(1) 1972
Wolfensberger, Wolf; *Normalization*; National Institute of Mental Retardation, Leonard Crainford, Toronto. Page 23.

(2) 1979
Wagner, Christopher A., & Mitchell, Christine M., Metropolitan Human Services Commission; *The Non-Effect of Group Homes on Neighboring Residential Property Value in Franklin County*.

Also See:

Mambort, Terence T., Elvia B. Thomas, and Rebecca G. Few; *Community Acceptance: A realistic approach*, Montgomery Co. Bd. of Mental Retardation

(3)
For the purposes of this study, semi-transient is defined as a neighborhood whose residents live in the neighborhood for longer than two years but less than ten. A stable community is one whose residents live in the area more than ten years.

COMMUNITY EDUCATION

The purpose of the following section is two-fold. First, to emphasize the importance of understanding the learner. Second, to provide a detailed outline of a community education model.

UNDERSTANDING THE LEARNER

One of the fundamental educational approaches to teaching is to begin at the level of understanding of the learner. In any effort to educate the community about group homes and persons with developmental disabilities, the first step should be to assess the understanding of the neighbors. As indicated by our research, neighbors of group homes are concerned with the effect a group home will have on the neighborhood. This is understandable, particularly when one considers what the concepts of home and neighborhood have come to mean in our culture.

A person's home is an integral part of American life and is regarded as somewhat sacred. It is a symbol of one's success in American culture and provides people with a sense of security. Regardless of being a home-owner or a renter, home is your very own space. It provides privacy as well as protection. To use our own jargon -- it is our "least restrictive environment". We may vary in our desires and capabilities to decorate, landscape, or clean our homes, but we all value the importance of having a home. Those without homes are labeled "transients", "drifters", or "homeless", and they are usually considered a devalued group.

Americans have labored to create laws which promote the sacredness of the home. Homes are not to be searched without warrants or entered without permission. Zoning regulations protect homes from too much change in their surroundings. Housing codes have been developed to regulate or standardize the safety of the home.

Unfortunately, the powerful commitment to protect the home has often contributed to making the development of group homes problematic. This has important implications for those involved with community group homes.

- Group home supporters value the concepts of "home" and "neighborhood".
- Group home opponents value the concepts of "home" and "neighborhood".

The fact that opponents and supporters of group homes have shared values needs to be emphasized in any community education effort with neighbors. The desire to protect one's neighborhood must be regarded as positive. The challenge is to communicate the fact that group homes will not negatively affect a neighborhood.

Group home proponents must realize and respect the fact that the control over the use of private property is, for many, viewed as the last bastion of protection from outsiders and rapid social change. Unless neighbors can be convinced that the group home is not an intrusion on this control, conflict is almost inevitable. It may also be noted that in a time of resentment against governmental control of individual lives, the group home may be associated with this type of intrusion to the extent that funding and licensing of the home involves governmental action.

THE MODEL

The Community Education Model derived from a belief that understanding leads to acceptance. Fears and misunderstandings about group homes and persons with developmental disabilities need to be assessed and addressed in a systematic fashion. This model is intended to serve as a guide in developing educational strategies for various audiences. The effectiveness of this model has been researched. We believe using the model to develop individualized neighborhood approaches will help develop positive attitudes about group homes and persons with developmental disabilities.

The following definitions are offered for purposes of clarification:

Audience: Who you want to address

Purpose: Why you want to address the audience

Message: What you want to tell your audience

Method: How you will deliver your message

I. NEIGHBORS

A. AUDIENCE — Neighborhood residents, particularly those in close proximity to the home site.

B. PURPOSE —

- To identify and address concerns about the group homes
- To identify support and opposition
- To preclude any attacks that the group home "sneaked-in" (If a variance or permit is issued, neighbors will be notified by local officials.)
- To introduce staff and/or residents of the home to neighbors
- To dispel any myths about persons with developmental disabilities
- To promote the philosophy that persons with developmental disabilities can be valuable members of a neighborhood

C. MESSAGE

- Information regarding property values
- Information about the people moving into the home
- Information to dispel misconceptions that persons with developmental disabilities are "childlike"
- Information regarding staff and agency involved with the home
- Information regarding the purpose of the home

(All of the above information can be addressed in the form of a FACT SHEET. An example can be found in the appendix. Fact Sheets also help operators clarify all the facts for themselves.)

D. METHOD

-Door-to-door Campaign

In our study, it was found that neighbors who had personal contact with the group home staff tended to have better attitudes about property values, safety, and the need for a group home. This method is most effective when done prior to the opening of a group home.

-Information by Mail

Our study shows that neighbors who received information by mail tended to have better attitudes about the capabilities of persons with developmental disabilities.

-Follow-up Contact with Supporters

This technique is particularly important if there is any opposition to the home. Supporters can help assess neighbors, concerns, serve as arbitrators, and assist with mobilization of other supporters. It must be stressed that supporters need support. This means that information given to supporters must be up-to-date and accurate.

-Open House

If the home is vacant, an open house may be an effective way to educate neighbors about the purpose of the home. Make certain that the event is very structured. Have staff and volunteers greet neighbors and have them tour the home on an individual basis. Provide neighbors with written information.

If the home is already occupied, invite small groups of neighbors to participate in social activities such as cookouts.

-Large Group Meeting

The use of this technique is not recommended, particularly if there is resistance to the group home.

-Neighborhood Advisory Board

This board can serve as a forum to help plan the home, explain the purpose of the home to neighbors, and relate concerns to the group home.

II. SOCIAL INSTITUTIONS

A. AUDIENCE —

This may include churches, civic organizations, neighborhood organizations, area commissions, or business associations in the area of the home.

B. PURPOSE —

- To generate support
- To disseminate information

C. MESSAGE —

- Information about property values, purpose of the home, staff, etc. (Same information given to neighbors.)
- Information regarding methods of showing support
If there is community resistance to a home, provide supporters with an example of a letter they should send to appropriate authorities.
- Information about deinstitutionalization and normalization.

D. METHOD

- Public Speaking Engagements
- Small Group Discussions
- Letters and/or Phone Calls
- Involve residents of group homes in regular functions of the community.

Encourage social institutions to involve group home residents in their functions. Discourage segregated programs for persons with developmental disabilities.

III. KNOWN SUPPORTERS

A. AUDIENCE —

This may include staff, board members, parent groups, staff from other service agencies, volunteers, and others.

B. PURPOSE —

- To generate support
- To disseminate information

C. MESSAGE —

Present supporters with the same information presented to the neighbors. Be sure to include specific directions as to how individuals can show their support.

D. METHOD —

- Letters to appropriate authorities
- Phone calls to appropriate authorities

IV. GOVERNMENTAL BODIES

A. AUDIENCE —

This would include city council members, legislators, etc.

B. PURPOSE —

- To disseminate information —
- To generate support

C. MESSAGE —

These officials should receive information presented to neighbors. Also include agency or group home funding information, floor plans, and any other requested information. Be sure to mention that a community education program has been initiated.

D. METHOD —

- Letters followed by phone calls
- Invitations to tour existing residential facility
- Invitations to any planned open house or social activity
- Invite authorities to come and speak informally to the residents of the group home
- Involve volunteers or supporters

It is extremely important to invite persons not affiliated with the group home to speak, write letters, or make phone calls to governmental officials. Ideally, a neighbor of the group home would be appropriate.

— Letters to the editor

Encourage persons living in the home to speak to media people. This will help develop a positive image of persons with developmental disabilities as participating members of society. It will also eliminate some of the "mystery" about persons living in group homes.

In summary, this model is intended to serve as a guide in developing educational programs. Each neighborhood must be individually assessed to determine audience, purpose, message and method. This model is applicable to situations where a group home is in the planning stage and to group homes already in operation. Whatever the situation or neighborhood, community education should be an on-going process needing continual attention.

V. THE MEDIA

A. AUDIENCE —

This may include city newspapers, neighborhood weeklies, radio and TV stations.

B. PURPOSE —

- To disseminate information
- To promote a positive image of persons with developmental disabilities

C. MESSAGE —

This message will usually depend on the immediate need. Messages will either be informative (such as the opening of a home) or a human interest story which promotes a positive image of persons with developmental disabilities contributing to society.

D. METHOD —

- Press release

Press releases should be brief and follow a standard format. A headline should be followed by the date, name of a contact person, and phone number. Releases should address the who, what, where, and why within the first paragraph.

COMMUNITY EDUCATION MODEL

Audience	Purpose	Message	Method
Neighborhood Residents (particularly those in close proximity to the proposed home site)	Disseminate accurate information about proposed plan for home, to identify support as well as opposition. Identify concerns of neighbors about group home. Dispel myths. Introduce residents and staff. Advocate for belief that people with developmental disabilities are valueable neighborhood members. Alleviate neighborhood fear.	Written description of: (1) the people who will live in the home, including number and sex of clients, where clients are coming from (e.g. community or institution), type of disability; (2) the program offered in the home (e.g., supervised living, intensive training, etc.); and (3) information about the staff who will be involved with the home. Also include floor plan of the home and information sheet about development-al disabilities. Group homes don't lower property value. Information about agency. People with developmental disabilities are not child-like.	Door-door campaign, individually talking with neighbors and leaving written information; leaving information for those who are not home. Follow-up contact with identified neighborhood support. An open house is scheduled and neighbors invited.
Social Institutions (churches, civic organizations, neighborhood association, area commissions, etc., in the area where the home is located).	Disseminate information as well as generate support for proposal.	Written description of the residents and purpose of the home and how interested individuals can support the proposal (e.g., letters/calls to City Council members).	Letters and follow-up phone or personal contact. Public speaking.
Parent groups			
Other social service agency staff.		Same message given to neighbors.	

Audience	Purpose	Message	Method
Known supporters (volunteers, staff and board members; staff from mental health and developmental disabilities agencies, parent groups, previous supporters, other social service agencies, etc.)	Mobilize support as well as disseminate information.	Written description of the proposed home and how individuals can support the proposal. Information on how to show support, information on how to present information.	Internal agency memo, letters and phone contacts.
Governmental Bodies (City Council, city commission -- whatever body must approve a family or group home, such as Zoning Boards, Planning Commissions).	Disseminate information. Generate political support.	Written description of the proposed home, floor plan, other pertinent information about the agency. Same message given to neighbors. Funding information, floor plan, information on community education efforts any requested information.	Letters followed by phone call. Invitations to visit existing residential facilities. Invitations to open house. Ask supporters to also speak.
Media (neighborhood weekly paper; radio and TV stations, if indicated).	Disseminate accurate information. Promote positive image about developmental disabilities.	Written description of proposed plan. Information depending on immediate needs. Human interest story.	Press release following standard format. Be brief. Encourage person living in home to speak. Letters to the editor.

PROMOTING POSITIVE ATTITUDES OF PERSONS WITH DEVELOPMENTAL DISABILITIES

As mentioned in the section on deinstitutionalization, values determine our attitudes and approaches. Attitudes are also formed by our experiences and the role expectations we have of other people.

Unfortunately, many of the attitudes commonly held about persons with developmental disabilities have been based on stereotypes. Most people in the community have had few interactions with persons with developmental disabilities. As a result, there is a lack of public awareness of the growth and behavioral potential of persons with developmental disabilities.

Generally, little has been done to facilitate the public identification with persons who are developmentally disabled. Many work places, residences and public services used by persons with developmental disabilities are not in typical settings. In the media as well as in literature, people with developmental disabilities have seldom been portrayed in a positive manner. Instead of depicting persons with developmental disabilities as competent, they are often seen as symbols of pity in fundraising efforts.

A fundamental determinant of the success of community integration of persons with developmental disabilities is public attitude. How people with developmental disabilities are perceived will have a significant effect upon community acceptance and accommodation.¹ Unfortunately, our society has demonstrated a historical persistence of negative attitudes toward persons with developmental disabilities.² Legislation and fair zoning ordinances can certainly facilitate integration and assimilation,³ but public attitudes cannot be mandated.³

If we are concerned with fostering greater acceptance of persons with developmental disabilities we must promote a positive interpretation of differences at every opportunity. By furthering acceptance for one type of difference, we will be indirectly gaining increased acceptance for whole groups of people.⁴

Some ways in which to promote positive attitudes towards persons with developmental disabilities are:

1. THE CREATION OF POSITIVE SOCIAL INTERACTION

- Grouping of persons with developmental disabilities with non-disabled persons within and outside their place of residence.
- Helping people with developmental disabilities to become more approachable by enhancing personal appearances, behaviors and competencies.

2. PROMOTING POSITIVE INTERPRETATIONS OF PERSONS WITH DEVELOPMENTAL DISABILITIES

- In media and literature
- By promoting typical lifestyles, and leisure and work activities.

3. ESTABLISHING STRONG LOCAL IDENTITY WITH SERVICES TO PERSONS WITH DEVELOPMENTAL DISABILITIES

- Providing any specialized services in typical settings
- Promoting the use of local funding for such services

4. INCREASING PUBLIC AWARENESS OF THE POTENTIAL AND/OR POSSESSED PERSONAL COMPETENCIES OF PERSONS WITH DEVELOPMENTAL DISABILITIES

5. REINFORCING POSITIVE RESPONSES AND ATTITUDES TOWARD PEOPLE WITH DEVELOPMENTAL DISABILITIES

NOTES

1. Baker, Seltzer and Seltzer, *As Close As Possible: Community Residences for Retarded Adults*, (Little Brown & Company, 1977) p. 28.
2. Wolfensberger, W., *The Origin and Nature of Our Institutional Models*, (Human Policy Press, 1975) p. 16.
3. Wisconsin Coalition for Advocacy, *Citizen Advocacy — A Handbook*, p. 4.
4. Wolfensberger, W., *Normalization*, (National Institute on Mental Retardation, 1972) p. 15.
5. Wolfensberger, W., *Seminar on Residential Alternatives*, (Syracuse, New York, 1980).

— Much of the material included in this section was presented at a seminar on "The Continuum of Residential Alternatives" presented by The Community Services Training Institute on Human Development, Syracuse, New York, November, 1980.

In conclusion, we would like to emphasize the fact that the results of this study are optimistic for community acceptance of group homes.

The majority of neighbors of group homes do believe that community living is valuable for people with developmental disabilities.

We hope that you find the information presented in this study both informative and functional.

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APPENDIX FACT SHEET....12

Neighborhood Way

1. Who will be living in this home?

Six men with developmental disabilities will be living in the home. Their ages range from 19 to 32. They have all been living in the community in our other homes. They have been a part of our agency anywhere from 10 months to 6V2 years.

2 How will these men spend their days?

These men lead lives similar to other working people. Monday through Friday, they are at work by 8:00 a.m. Five of the men work at an ARCraft Sheltered Workshop, one of which is near the home. One of the men is competitively employed with a local company. As a matter of fact, last year, he was voted employee of the year by his fellow workers!

After work, they prepare dinner, eat and clean up. These men also enjoy many leisure activities such as bowling, reading the paper and watching TV.

3. What about the staff?

There will always be a staff member in the home when any of the men are there. We recruit qualified staff with college training and experience in the field of developmental disabilities. In addition, all staff participate in a training program offered by the agency prior to working in the home.

4. What about property values?

Studies have been done in many states, including Ohio, to determine what effects, if any, a family home may have on property values. Surveys indicate that property values inflate at the normal rate and there are no increased numbers of sales.

5. Will the men be living in the home on a permanent basis?

This will be a permanent home for these men for as long as they desire. They are free to leave if they wish, but this will be considered their home.

THE ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED

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